

POLITICAL COMMITTEE

CITY OF TEMPE CAMPAIGN FINANCE REPORT

2012 March/May Regular Election

RECEIVED

FOR OFFICE USE ONLY 2012 MAY -7 AM 8: 39

CITY OF TEMPE CITY CLERK'S OFFICE

1	The Political Committee of the Planned Parenthood Advocates of Az			
	Full Name of Committee			
	5651 N 7th St,			
	Address			
_	Phoenix, AZ 85014 Maricopa 602-263-4226			
•	City ZIP Code County Phone	e		
2.	Planned Parenthood Advocates of AZ		3A. ID#	
	Sponsoring Organization or Candidate and office		PC12-12	
			1 012 12	
	Name of Candidate and Office Sought (if applicable)			
_				
	E-Mail Address Fax#			
4.	REPORTING PERIOD (Please check appropriate box)			DUE BETWEEN
	January 31 Report - For Period of* thru December 31, 2011		Januar	y 1, 2012 and January 31, 2012
	Pre-Primary Election Report - For Period of January 1, 2012 thru February 2	22, 2012	Februa	ary 23, 2012 and March 1, 2012
	Post-Primary Election Report - For Period of February 23, 2012 thru April 2,	, 2012		April 3, 2012 thru April 12, 2012
√	Pre-General Election Report - For Period of April 3, 2012 thru April 25, 2012	2		April 26, 2012 thru May 3, 2012
	Post-General Election Report - For Period of April 26, 2012 thru June 4, 20	12	J	lune 5, 2012 and June 14, 2012
	**January 31 Report - For Period of June 5, 2012 thru December 31, 2013		Januar	y 1, 2014 and January 31, 2014
	SUMMARY		olumn A	Column B
5.	SOIMINAKI	1	otal This	Election Period
		1	rting Period	Total To Date
		izebo	iting r enou	TOTAL TO Date
5a	Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)	n and a second		0
5b	Cash on Hand at the Beginning of this Reporting Period	6	1344.00	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	43	96.00	
5d	Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	657	740.00	
6a	Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) [Do not add or subtract this line from the other lines]			
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	86	0.00	
7.	Cash on Hand at Close of Reporting Period [Subtract	648	380.00	

^{*}Insert date which is 21 days after date of last election (A.R.S. §16-913).

^{**}Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Signature of Treasurer or Candidate or Designating Individual

Page 2 2. ID# 1. Committee Name: 3. Report covering period from COLUMN A **RECEIPTS** COLUMN B CAMPAIGN TO DATE THIS PERIOD 4. Contributions other than loans and in-kind: (a) Individuals - more than \$25 (Total from Schedule A) (b) Individuals - aggregate \$25 or less (Total from Schedule A-1) (c) Political Committees (Total from Schedule B) (d) Subtotal Contributions [add 4(a), 4(b), and 4(c)] (e) Refund of contributions (Total from Schedule F-2) (f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)] 5. (a) Loans made or guaranteed by candidate (Total from Schedule C) (b) All other loans (Total from Schedule C-1) (c) Total Loans [add 5(a) and 5(b)] 6. In-kind contributions (Total from Schedule E) 7. Dividends, interest, and other forms of receipts (Total from Schedule F-1) 8. Total Receipts [add 4(f), 5(c), 6, and 7] **QUALIFYING CONTRIBUTION RECEIPTS** Qualifying Contributions of \$5 from Individuals (Total from Schedule A2). DISBURSEMENTS 9. Expenditures for operating expenses (Total from Schedule D) 10. Independent Expenditures (Total from Schedule D-1) 11. Value of In-kind expenditures (Total from Schedule E) 12. Loans made by reporting committee (Total from Schedule D-2) 13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4) (b) Repayment of all other loans (Total from Schedule D-5) (c) Total Loan Repayments [add 13(a) and 13(b)] 14. Transfers to other political committees (Total from Schedule D-6) 15. Any other disbursement (Total from Schedule D-7) 16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15] 17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3) 18. Total disbursements [subtract line 17 from line 16] 19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3) 20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR AB UST STREET ADDRESS CCUPATION B. LASS STREET ADDRESS STREET ADDRESS CCUPATION C. LASY C. LASY C. LASY C. LASY C. LASY C. CITY C. CITY C. CITY C. CITY C. CITY C. COMPANY C. COMPA	
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR AB UST STREET ADDRESS CCUPATION B. LASS STREET ADDRESS STREET ADDRESS CCUPATION C. LASY C. LASY C. LASY C. LASY C. LASY C. CITY C. CITY C. CITY C. CITY C. CITY C. COMPANY C. COMPA	
AST REPRODUCTION FIRST ME STATE STAT	ULATIVE AL THIS MPAIGN
CITY DOUBLESS CITY DOUBLESS COCUPATION EMPLOYER B. LAST PRINT CLANIKER BON FIRST MI CITY Playau'X AZ PSOJ3 OCCUPATION COCUPATION COCUPATION CITY DOUBLESS FIRST STREET ADDRESS TY A TEN BON BON BON BON BON BON BON BON BON BO	DATE
CITY DOUBLESS CITY DOUBLESS COCUPATION EMPLOYER B. LAST PRINT CLANIKER BON FIRST MI CITY Playau'X AZ PSOJ3 OCCUPATION COCUPATION COCUPATION CITY DOUBLESS FIRST STREET ADDRESS TY A TEN BON BON BON BON BON BON BON BON BON BO	
D. LAST COLUMN EMPLOYER D. LAST CLAIKER BEN FIRST MI CITY PROCEDIX AZ PSOJ3 OCCUPATION LEMPLOYER OCCUPATION EMPLOYER EMPLOYER EMPLOYER EMPLOYER	
D. LAST FIRST MI D. LAST FIRST MI STREET ADDRESS STREET ADDRESS CITY PRODUCK AT 9503 OCCUPATION EMPLOYER C. LAST FIRST MI STREET ADDRESS CITY COFFScale AT 95255 OCCUPATION EMPLOYER OF COMPANION EMPLOYER OF COMPANION EMPLOYER OF COMPANION EMPLOYER OF COMPANION EMPLOYER OCCUPATION EMPLOYER OCCUPATION EMPLOYER OCCUPATION STATE 95257 OCCUPATION EMPLOYER OCCUPATION EMPLOYER OCCUPATION EMPLOYER OCCUPATION EMPLOYER OCCUPATION EMPLOYER EMPLOYER MI STREET ADDRESS FIRST MI STREET ADDRESS	
CLNIKER BEN STREET ADDRESS FOR W. DCOHII Rd CITY PINEWIX AZ 93013 OCCUPAJON C. LAST COCUPAJON COCUPAJON C. LAST CITY COCUPAJON STREET ADDRESS THY T. E. PANCHO Unita Dr. CITY CONTINUE STREET ADDRESS OCCUPAJON COCUPAJON EMPLOYER DIRECT COCUPAJON EMPLOYER EMPLOYER MI STREET ADDRESS THY T. E. PANCHO Unita Dr. CITY COCUPAJON COCUPAJON COCUPAJON EMPLOYER EMPLOY	
CITY PINCUIX AZ 93013 OCCUPACION EMPLOYER BEINDOYER STREET ADDRESS CITY SOFTS CLAR CITY SOFTS CLAR STREET ADDRESS CITY SOFTS CLAR COCCUPATION CITY SOFTS CLAR COCCUPATION CITY SOFTS CLAR CITY SOFTS CLAR COCCUPATION STREET ADDRESS THE STATE	
PROPORTION OCCUPATION C. LAST STREET JORESS STREET JORESS COCUPATION OCCUPATION OCCUPATI	
C. LAST CHRST MI C. LAST CHRST MI CITY COPHSCALE AZ STATE CITY COPHSCALE AZ STATE OCCUPATION C. LAST FIRST MI C. LAST FIRST MI STREET ADDRESS C. CUPSCALL FIRST MI C. COUPSCALL FIRST MI STREET ADDRESS C. CUPSCALL FIRST MI EMPLOYER COPUSED MI STREET ADDRESS C. CUPSCALL FIRST MI EMPLOYER C. CUPSCALL FIRST MI STREET ADDRESS C. CUPSCALL FIRST MI STREET ADDRESS	
STREET ADDRESS ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS ADDRESS STREET ADDRESS PIRST STREET ADDRESS CITY Sucho Lista Dr. CITY Sucho Lista Dr. CITY Sucho Lista Dr. STATE ST	
CITY COHSIGNED STATE 1525 OCCUPATION EMPLOYER COGNOS d. LAST FIRST MI CITY STATE 1525 OCCUPATION EMPLOYER COGNOS 4 LAST FIRST MI FIRST MI FIRST MI FIRST MI FIRST ZIP ZIP ZIP ZIP ZIP ZIP ZIP ZIP	
CITY Softsdale AZ 85255 OCCUPATION EMPLOYER COGNOS d. LAST FIRST MI CLHQUER TROUBLE STREET ADDRESS CITY CHAULE AZ 95251 CITY STATE 21P COCUPATION EMPLOYER EMPLOYER EMPLOYER MI STREET ADDRESS EMPLOYER MI STREET ADDRESS FIRST MI STREET ADDRESS	
d. LAST FIRST MI CLACULER TRUCKS STREET ADDRESS CITY STATE ZIP OCCUPATION OCCUPATION EMPLOYER COGNOS MI VIROLIZ STREET ADDRESS OCCUPATION REMPLOYER EMPLOYER MI STREET ADDRESS FIRST MI STREET ADDRESS	
Chauer Francisco STREET ADDRESS 7/47 E. Rancho Unita Dr. CITY STATE ZIP OCCUPATION, EMPLOYER EMPLOYER BY LAST FIRST MI	
CITY Cottadale AZ PSSATE ZIP OCCUPATION EMPLOYER ELAST FIRST MI STREET ADDRESS	
e. LAST FIRST MI STREET ADDRESS	
e. LAST FIRST MI STREET ADDRESS	
STREET ADDRESS	
770	
CITY STATE ZIP	~
OCCUPATION EMPLOYER	
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A]	

CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL*

3. Report covering period from

SCHEDULE A-1

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
Contributions	166 00	
		·
	:	
. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), solumn A]	166 00	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed

Comm of PP advocates of AZ

Summary Page, Line 4(b),

Column B]

^{*}If contributions of \$25 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE **B**

	Committee Name		2. ID#	
	3. Report covering period fromthru			
4		CONTRIBUTIONS	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS
	- IDE	NTITY OF CONTRIBUTOR AND DATE RECEIVED	THIS PERIOD	CAMPAIGN TO DATE
4a	ID# -	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
b.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
C.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
d.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
e.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		· .
	DATE RECEIVED			
f.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			•
g.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
h.	ID#	NAME, ADDRESS, CITY STATE AND ZIP		
	DATE RECEIVED			-
i.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
5.	ENTER TOTAL ONLY IF LA Detailed Summary Page, Lir	ST PAGE OF SCHEDULE B [If last page of Schedule B, transfer total to ne 4(c), Column A]		

CANDIDATE LOANS			SCHEDULE C		
1.	Committee Name		2. ID#		
3.	Report covering period fromthru				
4.	LOANS MADE OR GUARANTEED BY CANDIDATE NAME AND ADDRESS FROM WHOM RECEIVED	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP				
	-				
	DESCRIPTION				
b.	NAME, ADDRESS, CITY, STATE, AND ZIP				
	DESCRIPTION				
Ċ.	NAME, ADDRESS, CITY, STATE, AND ZIP				
			:		
	DESCRIPTION				
ď.	NAME, ADDRESS, CITY, STATE, AND ZIP				
	DESCRIPTION				
e.	NAME, ADDRESS, CITY, STATE, AND ZIP				
	<i>f.</i>				
	DESCRIPTION			,	
f.	NAME, ADDRESS, CITY, STATE, AND ZIP				
	DESCRIPTION				
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAG [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), C	SE OF SCHEDULE C Column A]			

OTHER LOANS

SCHEDULE C1

,,	Committee Name	· · · · · · · · · · · · · · · · · · ·	2, 10 #	
3.	Report covering period from thru			
4	ALL OTHER LOANS NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#	. :		
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4b	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			·
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4c	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4d	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Page, Line 5(a), Column A]	Detailed Summary		
				i.

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE **D**

	1. Committee Name		
	3. Report covering period fromthru		
4	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	IVIADE	EAPENDITORE
4a.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
C.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
d.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
e.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
f.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [if last page of Schedule D, transfer total to Detail Summary Page Line 9, Column A]		

^{*}Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

		2. ID# .	
	1. Committee Name	<u> </u>	
	3. Report covering period from thru		
4	INDEPENDENT EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED	WADE	
4a.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP		
-	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed YEAR OF ELECTION YEAR OF ELECTION		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 If last page of Schedule D-1, transfer total to Detailed Summary Page Line	10, Calumn AJ	
l certit	EE A.R.S. § 16-901(14). Ty, under pently of perjury, that the above stated independent expenditure(s) was not made in cooperation, st or suggestion of any candidate or any campaign committee or agent of that candidate.	consultation or co	ncert with or at the
Signat	ure of Treasurer		
	NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS SIX MONTHS	WITHIN THE LAST	AMOUNT
L		Schedule F	_1 Page of

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE **D-2**

		2. ID#	
	Committee Name 3. Report covering period fromthru		
4	LOANS MADE BY THE REPORTING COMMITTEE	DATE	AMOUNT
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE	LOAN MADE	OF THE LOAN
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
C.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
g,	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
h.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
ĺ.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A]		

Page__of__

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

1. Committee Name	· · · · · · · · · · · · · · · · · · ·	2. 10#	
3. Report covering period from	thru	<u> </u>	
REBATES, REFUNDS AND OTHER	R OFFSETS TO OPERATING EXPENSES	DATE REFUND	AMOUNT OF THE
NAME AND ADDRESS FROM WHO	M REFUND OR REBATE WAS RECEIVED	RECEIVED	REFUND
NAME, ADDRESS, CITY, STATE, AND ZIP			·
DESCRIPTION OF REFUND			
NAME, ADDRESS, CITY, STATE, AND ZIP			
DESCRIPTION OF REFUND		-	
NAME, ADDRESS, CITY, STATE, AND ZIP			
DESCRIPTION OF REFUND			
NAME, ADDRESS, CITY, STATE, AND ZIP			
DESCRIPTION OF REFUND			
NAME, ADDRESS, CITY, STATE, AND ZIP			-
DESCRIPTION OF REFUND			
NAME, ADDRESS, CITY, STATE, AND ZIP			
DESCRIPTION OF REFUND			
ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 [ff Line	last page of Schedule D-3, transfer total to Detailed Summary Page - 17 Column A]		
Includes return of contributions made by reporti	ing committee		

Schedule D-3 Page____of ____

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

	1. Committee Name		
	3. Report covering period from thru		
	REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	MINDE	NEI ATMENT
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP		-
b.	NAME, ADDRESS, CITY, STATE, AND ZIP		
C.	NAME, ADDRESS, CITY, STATE, AND ZIP		
ď.	NAME, ADDRESS, CITY, STATE, AND ZIP		
e.	NAME, ADDRESS, CITY, STATE, AND ZIP		
f.	NAME, ADDRESS, CITY, STATE, AND ZIP		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A]		

Schedule D-4 Page____of ___

REPAYMENT OF ALL OTHER LOANS

SCHEDULE **D-5**

	1. Committee Name	-	
	3. Report covering period fromthru		
-		<u> </u>	
4	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT	AMOUNT OF THE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	MADE	REPAYMENT
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	9	
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e,	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]		

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE **D-6**

	1. Committee Name		
4	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE RANSFER MADE	AMOUNT OF THE TRANSFER
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE)	I I	
 -	TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	<u> </u>	
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
ď.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
е.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]		

AK	IV	$\cap T$		DICE	IDC	EMEN"	Г
AΝ	ŧΥ	O L	HEK	mon	uko	CIVICIA	

SCHEDULE **D-7**

	A DON I D WILL ADD I I	A 2		
	1. Committee Name The Political Commy the PP advocases of M	/ ~	C12-12	
	3. Report covering period from $\frac{9-3}{}$ thru $\frac{9-25}{}$, 2012		
	ANY OTHER DISBURSEMENTS	DATE DISBURSEMENT	AMOUNT OF THE	
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	MADE	DISBURSEMENT	
a.	NAME, ADDRESS, CITY, STATE, ZIP AND DOWN MITCHELL TRIEN do of Mark Mitchell	4/19/12	430,00	
	PO BOX 11214, Tempe, AZ 85284	· · · · · · · · · · · · · · · · · · ·	,	
	Canpulgy Contribution			
. b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Al White for Mayor	Make	in a MO	
	AT White for Mayor 4385 E. Winde Dr. Flagstaff, AZ 86004	4119/12	430.	
	DESCRIPTION			
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION			
	SECONI NUM			
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION			
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page Line 15 Column A]

DESCRIPTION

860,00

Page___of__

IN-KIND CONTRIBUTIONS and EXPENDITURES SCHEDULE E 2. ID# 1. Committee Name 3. Report covering period from DATE FAIR **IN-KIND CONTRIBUTIONS and EXPENDITURES** MARKET VALUE NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN NAME, ADDRESS, CITY, STATE, ZIP AND ID# 4a. CONTRIBUTION EXPENDITURE DESCRIPTION EMPLOYER OCCUPATION NAME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION EXPENDITURE | DESCRIPTION OCCUPATION EMPLOYER NAME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION EXPENDITURE ___ DESCRIPTION OCCUPATION **EMPLOYER** NAME, ADDRESS, CITY, STATE, ZIP AND ID# CONTRIBUTION EXPENDITURE DESCRIPTION OCCUPATION #MPLOYER ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E. [If last page of Schedule E, transfer total to Detailed Summary Page Line 6, Column A] 5.

ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to Detailed Summary Page

Page_

Line 11, Column A]

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

	1. Committee Name	2. ID#	·
	3. Report covering period fromthru	10.107.20.201	
4	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE AMOUNT	AMOUNT OF THE
	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED	RECEIVED	RECEIPT
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT	_	
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		-
	DESCRIPTION OF RECEIPT		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
Θ.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7 Column A	1	

Page___of ___

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

		2, 1D#	
	1. Committee Name		
	3. Report covering period from thru	<u> </u>	
4	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND	AMOUNT OF THE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE	MADE	REFUND
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
Ó	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND		
е.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF REFUND	-	
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 [If last page of Schedule F-2, transfer total to Detailed Summary Page, Line	e 4(E), Column A]	

* Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

3.	Report covering period from DEBTS AND OBLIGATIONS		thru			
4	DERTS AND ORLIGATIONS					
	DEBTO AND OBLIGATIONS	OUTSTANDING BALANCE	AMOUNT INCURRED	PAYMENT THIS	OUTSTANDING	
N	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED:	BEGINNING THIS PERIOD	THIS PERIOD	PERIOD	BALANCE AT CLOSE OF THIS PERIOD	
a. N	AME, ADDRESS, CITY, STATE, ZIP AND ID#		Ŋ	·		
		·				
			<u> </u>			
DI	ESCRIPTION OF DEBT					
b. N	AME, ADDRESS, CITY, STATE, ZIP AND ID#	A SCHOOL ASSESSMENT OF THE PROPERTY.			District the Special Control of the Special C	
D. N	AMIL, ADDICESS, OTT, STATE, 211 AND 10#					
D	ESCRIPTION OF DEBT					
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
c. N	AME, ADDRESS, CITY, STATE, ZIP AND ID#	j.				
D	ESCRIPTION OF DEBT	4				
d. N	AME, ADDRESS, CITY, STATE, ZIP AND ID#					
D	ESCRIPTION OF DEBT					
e. N	AME, ADDRESS, CITY, STATE, ZIP AND ID#				- Annual	
D	ESCRIPTION OF DEBT					
5. E	NTER TOTAL OUTSTANDING BALANCE AT CLC -3 [Transfer total to Detail Summary Page Line 19, Col	SE OF THIS PERIOD umn A]	ONLY IF LAST PAGE O	F SCHEDULE		